

UNUSUAL INCIDENT/INJURY REPORT - FAMILY CHILD CARE HOME

1. FACILITY LICENSE NUMBER:		2. LICENSEE NAME:			
3. FACILITY NAME:		4. FACILITY ADDRESS:			
5. Name of Child(ren) Involved	6. Birth Date/Age	7. Sex M / F	8. Admission Date	9. Primary Language	10. Date/Time of Incident/Injury

11. EVENT REPORTED TO THE DEPARTMENT (CHECK ALL THAT APPLY)

- a. ☐ Death of any child from any cause.
- b. ☐ Any injury to a child that requires treatment by a medical professional.
- c. ☐ Any child absence meaning any instance where a child in care is missing.
- d. ☐ Any suspected child abuse or neglect of any child in care. (Must also be reported to local law enforcement or Child Protective Services.)
- e. ☐ Fires or explosions in or on the premises of the family child care home.
- f. ☐ A communicable disease outbreak when determined by the local health authority.
- g. ☐ Poisonings
- h. ☐ Other incident that threatens the physical or emotional health and safety of any child.

12. DESCRIBE WHAT HAPPENED:

13. BRIEFLY DESCRIBE THE INJURY, IF ANY:

14. DESCRIBE STEPS TAKEN TO PREVENT THIS INCIDENT OR INJURY IN THE FUTURE:

15. NAME OF PHYSICIAN OR OTHER HEALTH CARE PROVIDER, IF APPLICABLE:

16. PHYSICIAN OR HEALTH CARE PROVIDER TELEPHONE NUMBER:

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17. NAME AND TELEPHONE NUMBER OF PARENT(S) OR AUTHORIZED REPRESENTATIVE:

18. DATE THE PARENT/AUTHORIZED REPRESENTATIVE OF THE AFFECTED CHILD WAS NOTIFIED:

19. Agency(ies) Notified	20. Name of Person(s) Contacted	21. Date	22. Telephone or Fax
<input type="checkbox"/> State Child Care Licensing			()
<input type="checkbox"/> County Child Care Licensing			()
<input type="checkbox"/> Child Protective Services			()
<input type="checkbox"/> Law Enforcement			()

23. LICENSEE SIGNATURE	24. TELEPHONE NUMBER. ()	25. DATE:
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(TO BE COMPLETED BY DEPARTMENT)

Date report received in Licensing Office: _____ Date report reviewed and logged : _____

EVALUATION OF REPORT:

Follow up inquiry required

☐ Yes ☐ No

Investigation required

☐ Yes ☐ No**REFERRED TO:**

- ☐ Licensing Program Analyst
- ☐ Licensing Unit Manager/Sup
- ☐ Regional/Program Manager

Date Reviewed: _____

Date Reviewed: _____

Date Reviewed: _____

Case Management Visit

☐ Yes ☐ No

Other _____

DISPOSITION:

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EVENTS THAT MUST BE REPORTED TO PARENTS/AUTHORIZED REPRESENTATIVES AND/OR THE DEPARTMENT:

- A. No later than the same business day, notify a child's parent or authorized representative of the events listed in #11 that affect that child.
- B. Within the next business day, notify the Department by telephone or fax of the events listed in #11.
- C. If reported to the Department by telephone, submit written report within 7 calendar days of the event.
- D. Keep a copy of the report submitted to the Department in the (affected) child's record.

GENERAL INSTRUCTIONS FOR COMPLETION

- 1. Enter the facility number as shown on the license
- 2. Enter the licensee's name as shown on license.
- 3. Enter the name of the facility as shown on the license.
- 4. Enter the number and street address, city, and zip code.
- 5. Enter the first and last name of each child involved in the incident or injury.
- 6. Enter the child's age or the month, date, and year of birth.
- 7. Enter the gender of each child as M for Male or F for Female.
- 8. Enter the month, date, and year each child was accepted into the family child care home.
- 9. Enter the language that the child or parent speaks (*i.e., English, Spanish, etc.*).
- 10. Enter the month, date, year and the time of day that the incident or injury happened.
- 11. Event to be reported:
 - a. Check if any child has died from any cause.
 - b. Check if a child was injured, and the injury required treatment by a medical professional.
 - c. Check if a child in care leaves or wanders (is missing) from the facility without permission or supervision, including when a child is missing during any outing or special event away from the facility, or a child does not return from school.
 - d. Check if it is suspected that a child has been abused or neglected.
 - e. Check if there is a fire or explosion in or on the premises of the family child care home.
 - f. Check if there is a communicable disease outbreak when determined by the local health authority.
 - g. Check if any child is poisoned while in care.
 - h. Check if there is some other incident that threatens the physical or emotional health and safety of any child.
- 12. Describe what happened. Be specific. Include name of person(s) involved in or suspected of causing the injury.
- 13. Include medical findings and treatment.
- 14. Describe how this incident or injury will be prevented in the future.
- 15. Enter the first and last name and title of the physician or other health care provider providing care to child, if known.
- 16. Enter the area code and telephone number of the physician or other health care provider.
- 17. Enter the name(s) and telephone number of the child's parent(s), or authorized representative(s).
- 18. Enter the month, date, and year that the child's parent(s) or authorized representative(s) were notified.
- 19. Check one or more of the agencies notified of the incident or injury.
- 20. Enter the name of the person (*for each agency*) with whom you spoke when reporting the event.
- 21. Enter the month, day, and year next to the agency person's name that was contacted.
- 22. Enter the area code and telephone or fax number of the agency contacted.
- 23. Enter your signature here.
- 24. Enter your area code and telephone number.
- 25. Enter the month, date, and year this report is signed.